

**EXHIBIT 1**

DISTRICT JUDGE FRANKLIN D. BURGESS  
MAGISTRATE JUDGE J. KELLEY ARNOLD

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT TACOMA

KEVIN LEE ESTES,

Plaintiff,

v.

WASHINGTON STATE  
DEPARTMENT OF CORRECTIONS et  
al.,

Defendant.

NO. C08-5749FDB/JKA

DECLARATION OF  
DEVON SCHRUM

I, DEVON SCHRUM, make the following declaration:

1. I am the Grievance Program Manager in the Office of Correctional Operations, Washington State Department of Corrections (DOC), located in Tumwater, Washington. My official duties include responding to questions regarding the inmate grievance program statewide, reviewing grievances appealed to Level III, reporting to DOC officials on the status of the grievance program, and other duties related to this program. I have held this position since April, 2006.

2. The Washington Offender Grievance Program (OGP) has been in existence since the early 1980's and was implemented on a department-wide basis in 1985.

3. Under the OGP, an offender may file a grievance over a wide range of aspects of his/her incarceration. Inmates may file grievances challenging: 1) DOC institution policies,

1 rules and procedures; 2) the application of such policies, rules and procedures; 3) the lack of  
 2 policies, rules or procedures that directly affect the living conditions of the offender; 4) the  
 3 actions of staff and volunteers; 5) the actions of other offenders; 6) retaliation by staff for filing  
 4 grievances; and 7) physical plant conditions. An offender may not file a grievance challenging:  
 5 1) state or federal law; 2) court actions and decisions; 3) Indeterminate Sentence Review Board  
 6 actions and decisions; 4) administrative segregation placement or retention; 5) classification/unit  
 7 team decisions; 6) transfers; 7) disciplinary actions; and several other aspects of incarceration.  
 8 Administrative segregation, classification, and disciplinary issues are not grievable because  
 9 these areas have their own appeal process.

10 4. The OGP provides a wide range of remedies available to inmates. These  
 11 remedies are outlined in OGP 015 and include: 1) restitution of property or funds; 2) correction  
 12 of records; 3) administrative actions; 4) agreement by department officials to remedy an  
 13 objectionable condition within a reasonable time; and 5) a change in a local or department  
 14 policy or procedure.

15 5. The grievance procedure consists of four levels of review:

16 Level 0 - Complaint or informal level. The grievance coordinator at the prison receives  
 17 a written complaint from an offender on an issue about which the offender wishes to pursue a  
 18 formal grievance. At this complaint level, the grievance coordinator pursues informal  
 19 resolution, returns the complaint to the offender for rewriting, returns the complaint to the  
 20 offender requesting additional information, or accepts the complaint and processes it as a formal  
 21 grievance. Routine and emergency complaints accepted as formal grievances begin at Level I,  
 22 complaints alleging staff misconduct are initiated at Level II.

23 Level I - Grievances against policy, procedure, or other offenders, and grievances  
 24 processed as emergencies. The local grievance coordinator is the respondent at this level.  
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1        Level II - Appeal. Offenders may appeal Level I grievances to this level. Staff conduct  
2 grievances are initiated at this level. All appeals and initial grievances received at Level II are  
3 investigated, with the prison superintendent being the respondent.

4        Level III - Appeal. Offenders may appeal all Level II responses except emergency  
5 grievances to Department headquarters in Tumwater, where they are reinvestigated.  
6 Administrators are the respondents.

7        6. Since March 1, 2005, offenders have 20 working days from the date of an  
8 incident to file a grievance. Prior to this date, offenders had five working days from the date of  
9 an incident to file a grievance. An exception to this filing timeframe is allowed if there is a valid  
10 reason for the delay.

11        7. The DOC's grievance system is well known to inmates; currently over 20,000  
12 grievances are filed per year system wide.

13        8. Kevin Estes, DOC #915117, is a DOC inmate currently incarcerated at the  
14 McNeil Island Corrections Center (MICC), Minimum Security Unit in Steilacoom, Washington.

15        9. It is my understanding that Mr. Estes' complaint in this case raises a claim that  
16 several staff members at the MICC violated Mr. Estes' right of access to the courts by failing to  
17 make photocopies of documents he wanted to send to the court and by rejecting some of his  
18 outgoing legal mail. It is my understanding that the incidents forming the basis of Mr. Estes'  
19 complaint occurred in late November and early December 2008.

20        10. Mr. Estes' complaints about MICC staff failing to make copies of documents  
21 and refusing to mail out legal mail are grievable issues under DOC's grievance system.

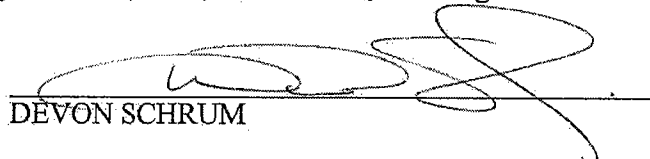
22        11. I have reviewed DOC's official grievance records concerning Mr. Estes and  
23 have determined that he filed grievances against MICC staff asserting that they failed to make  
24 copies of legal documents for him and failed to mail out his legal mail, in late November and  
25 early December 2008. These grievances were given DOC grievance Nos. 0828479 and  
26 0828815. Grievance No. 0828479 concerns photocopies and has proceeded only to level 2.

1 Grievance No. 0828815 concerning outgoing legal mail has proceeded only to level 0. Mr.  
2 Estes clearly has not gotten the results and remedies he was seeking in these grievances and the  
3 grievances have not been processed through the highest level, level III. As such, official DOC  
4 grievance records show that Mr. Estes has not exhausted his prison grievance remedies on his  
5 claims in this case.

6 12. Attached to this declaration as Attachment A are the official DOC records  
7 pertaining to Mr. Estes' grievance Nos. 0828479 and 0828815.

8 I declare under the penalty of perjury that the foregoing is true and correct to the best of  
9 my knowledge.

10 EXECUTED this 27 day of March, 2009, at Tumwater, Washington.

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13 DEVON SCHRUM  
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**ATTACHMENT A**

LOG I.D. NUMBER

0828479

STATE OF WASHINGTON  
DEPARTMENT OF CORRECTIONSLEVEL 1 – INITIAL GRIEVANCE  
NIVEL 1 - QUEJA INICIAL

Name: NOMBRE:	Last APELLIDO	First PRIMER NOMBRE	Middle 2DO NOMBRE	DOC Number NUMERO DOC	Facility/FACILIDAD	Unit/Cell UNIDAD/CELDA
Estes, Kevin				915117	MICC	E-312
Community Corrections Office OFICINA DE CORRECCIONES EN LA COMUNIDAD			Date Typed FECHA ESCRITA	PART B – OBTS INFORMATION INFORMACION DE OBTS		
			01/02/2009	Remedy/REMEDIIO	Resolution/RESOLUCION	Pending/PENDIENTE
				08	04	

## PART A – INITIAL GRIEVANCE/ PARTE A – QUEJA INICIAL

Response due/Respuesta requerida en

**I WANT TO GRIEVE:** This is the third re-write pursuant to the Coordinator's deliberate obstruction of WA. State Supreme # 82540-8. Legal photo copying by Counselor McGhee. Being evidence packets containing further evidence of preventing me access to the legal processing of court documents and evidence which is already of record. Thus prejudicing me further. As described in the 2 other attempts using fraudulent procedure and processing under the grievance procedure. In re: # 0828479, Pierce County Superior Court cause # 06-1-0506-3 and Division II 38435 Lakewood Municipal # IN80989 has evidence packets with kites, classification papers, money transfers, postage due forms copied here and at other institutions already introduced. McGhee refuses, thus obstructing, causing me to loose my appeal.

**SUGGESTED REMEDY:** McGhee write a letter explaining to the courts why he is refusing to do any legal photo copying as my kites to him haven't been responded to, and acknowledging his actions that time barred me thus loosing my cause.

Grievance Coordinator Signature  
FIRMA DE COORDINADOR DE QUEJAS

Date  
FECHA

Grievant Signature  
FIRMA DE QUEJANTE

Date  
FECHA

## PART B – LEVEL I RESPONSE / PARTE B RESPUESTA PRIMER NIVEL

Your grievance was investigated by Classification Counselor 3 Erickson who reported that policy requires offenders to make timely photocopy requests in advance of any known court deadline, to allow staff a reasonable time frame. Counselor McGhee had directed you to wait in the unit until he had time to make legal copies. You told the Correctional Unit Supervisor that you were directed to wait in the administration area of the unit, manipulating the situation in your favor. Counselor McGhee sent you back to the unit. He tried to locate you the next morning with negative results.

You did not follow policy. You did not make a timely request for legal copies. You gained access to the administration area by lying to the Correctional Unit Supervisor. This grievance has no merit.

Grievance Coordinator Signature  
COORDINADOR DE QUEJAS

Date  
FECHA

You may appeal this response by submitting a written appeal to the coordinator within two (2) working days from date this response was received. Ud. puede apelar esta respuesta al someter una apelación por escrito al coordinador dentro de dos (2) días de trabajo de la fecha en que esta respuesta fue recibida.

LOG I.D. NUMBER  
0828479STATE OF WASHINGTON  
DEPARTMENT OF CORRECTIONSAPPEAL TO LEVEL II  
APELACIÓN AL 2DO NIVEL

NAME: NOMBRE:	LAST APELLIDO	FIRST PRIMER NOMBRE	MIDDLE 2DO NOMBRE	DOC NUMBER NUMERO DOC	FACILITY/ FACILIDAD	UNIT/CELL UNIDAD/CELDA
Estes, Kevin				915117	MICC	E-312
COMMUNITY CORRECTIONS OFFICE OFICINA DE CORRECCIONES EN LA COMUNIDAD			DATE TYPED FECHA ESCRITA	PART B - OBTS INFORMATION INFORMACION DE OBTS		
			01/26/2009	REMEDY/REMEDIIO 08	RESOLUTION/RESOLUCION 04	PENDING/PENDIENTE

## PART A - APPEAL TO LEVEL II/PARTE A - APELACIÓN AL 2DO NIVEL

Response due/Respuesta requerida en \_\_\_\_\_

**I WANT TO GRIEVE:** The response to #0828479 as it is a wrong statement not reflecting the facts submitted and will be submitted to the PRP filed in relation to said issue. US Dist. Court CO85749-FDBJKA. The kites I have reflect proper time frame and a response with designated time for coping by Counselor McGhee contrary to that issue stated. The Counselor knew my work schedule and location as it's a matter of record and addressed on the kite. He did not make any attempts to contact me as I checked expecting this type of response so the C/O's in the unit of that day are of my record, which ultimately proves my issue grieved. And coping of said forms of evidence as stated in said kites still being ignored.

**SUGGESTED REMEDY:** Do an employee conduct report on Counselor Erickson for falsifying a grievance by misrepresenting facts of record. Follow through with original suggestion.

GRIEVANCE COORDINATOR SIGNATURE  
FIRMA DE COORDINADOR DE QUEJASDATE  
FECHAGRIEVANT SIGNATURE  
FIRMA DE QUEJANTEDATE  
FECHA

## PART B - LEVEL II RESPONSE / PARTE B RESPUESTA 2DO NIVEL

Your grievance was investigated by Classification Counselor 3 Erickson who reported that According to DOC 590.500 - Legal Access for Offenders, section (VIII) Photocopying (D). (3): Offenders are responsible for making timely photocopy requests, in advance of any known court deadline, to allow staff a reasonable time frame.

Inmate Estes did not follow policy. He did not make a timely request for legal copies, resulting in his own obstruction, causing him to lose his appeal.

SUPERINTENDENT, WORK RELEASE SUPERVISOR, FIELD ADMINISTRATOR SIGNATURE  
SUPERINTENDENTE,DATE  
FECHA

You may appeal this response by submitting a written appeal to the coordinator within two (2) working days from date this response was received.  
Ud. puede apelar esta respuesta al someter una apelación por escrito al coordinador dentro de dos (2) días de trabajo de la fecha en que esta respuesta fue recibida.



LOG I.D. NUMBER

0828815

STATE OF WASHINGTON  
DEPARTMENT OF CORRECTIONS

## OFFENDER COMPLAINT

CHECK ONE: ☐ INITIAL GRIEVANCE, ☐ EMERGENCY GRIEVANCE, ☐ APPEAL TO NEXT LEVEL

**RESIDENTIAL FACILITIES:** Send all completed copies of this form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible but include the necessary facts. A formal grievance begins on the date the typed grievance forms are signed by the coordinator. Contact a staff member to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NAME: LAST <u>Estes</u>	FIRST <u>Kevin</u>	MIDDLE <u>Lee</u>	DOC NUMBER <u>915117</u>
PROGRAM ASSIGNMENT <u>Unassigned</u>	WORK HOURS <u>NA</u>	FACILITY/OFFICE <u>MILL</u>	UNIT/CELL <u>E-312-2</u>

**COMMUNITY SUPERVISION:** Send all completed copies of this form directly to: Grievance Program Specialist, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia, WA 98504-1129.

MAILING ADDRESS	STREET OR P.O. BOX	CITY, STATE	ZIP CODE	TELEPHONE NUMBER
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I WANT TO GRIEVE: MILL'S mail room for refusing to process my outgoing legal mail. I am indigent and have been doing my two appeals under three causes, #108089, #06-8-01806-3, and #38435-3-II. All which have 2FO's and are of record being paid by D.O.C. inmate accounts. And are of record being legal mail as indicated and accepted prior to this Constitutional violation as described in the said appeals. Thus violating further the time periods associated with due process of Appeals and legal mail under indigent standing. Refusing access to court.

SUGGESTED REMEDY:

Acknowledge the violations in writing so to submit such to the U.S. District Court, and Washington State Supreme Court. Stop hindering legal mail or properly stamped or mail form: DOC02-003ES

MANDATORY John Lee 12/4/08  
DATE

Acknowledge Damages described SIGNATURE

## GRIEVANCE COORDINATOR'S RESPONSE

LOCATION CODE T-03

DATE RECEIVED

12-8-08

Your complaint is being returned because:

- ☐ It is not a grievable issue.  
☐ You requested to withdraw the complaint.  
☐ You failed to respond to callout sheet on \_\_\_\_\_  
☐ The formal grievance/appeal paperwork is being prepared.

- ☐ The complaint was resolved informally.  
☐ Additional information and/or rewriting is needed.  
(See below.) Return within five (5) days or by:

Due Date: \_\_\_\_\_

☐ No rewrite received. Date: \_\_\_\_\_

EXPLANATION:

Multiple complaints regarding the same issue will not be accepted. Rewrite on one form. Shortly, concisely, and to-the-point

INITIAL COMPLAINT OBTS. INFORMATION						DATE OF RESPONSE	COORDINATOR'S SIGNATURE
TYPE	CATEGORY	AREA	SPEC	REMEDY	RESOLUTION		
01	50	587	394	08	05	12/10/08	<u>ME/LC Hughes</u>

LOG I.D. NUMBER

0828815

STATE OF WASHINGTON  
DEPARTMENT OF CORRECTIONS

## OFFENDER COMPLAINT

CHECK ONE: ☐ INITIAL GRIEVANCE, ☐ EMERGENCY GRIEVANCE, ☐ APPEAL TO NEXT LEVEL

**RESIDENTIAL FACILITIES:** Send all completed copies of this form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible but include the necessary facts. A formal grievance begins on the date the typed grievance forms are signed by the coordinator. Contact a staff member to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NAME: LAST <b>Estes</b>	FIRST <b>Kevin</b>	MIDDLE <b>Lee</b>	DOC NUMBER <b>915117</b>
PROGRAM ASSIGNMENT <b>CI meat.</b>	WORK HOURS <b>7: - 3 -</b>	FACILITY/OFFICE <b>MI CC</b>	UNIT/CELL <b>E-312-2</b>

**COMMUNITY SUPERVISION:** Send all completed copies of this form directly to: Grievance Program Specialist, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia, WA 98504-1129.

MAILING ADDRESS	STREET OR P.O. BOX	CITY, STATE	ZIP CODE	TELEPHONE NUMBER
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I WANT TO GRIEVE: **MI CC 40 at Extention 6524 for denying access to my attorneys and the Court addressing my Appeals by means of legal mail. For the Second Time in three days stating on the legal mail postage transfer that my legal correspondence exceeds D.O.C policy limits, thus again preventing me from access to the Courts and Attorneys. A complete civil rights violation and costing me my appeal by denying Legal access**

SUGGESTED REMEDY: **Supply me with some authority, Policy, WAC, that prevents my legal access to the Sentencing Court and attorneys involved. Acknowledge the legal obstruction in writing that you violate on a continuing basis my constitutional rights**

MANDATORY

SIGNATURE

DATE

## GRIEVANCE COORDINATOR'S RESPONSE

LOCATION CODE

DATE RECEIVED

**I-03****12-8-08**

Your complaint is being returned because:

- ☐ It is not a grievable issue.  
☐ You requested to withdraw the complaint.  
☐ You failed to respond to callout sheet on \_\_\_\_\_  
☐ The formal grievance/appeal paperwork is being prepared.

- ☐ The complaint was resolved informally.  
☐ Additional information and/or rewriting is needed.  
 (See below.) Return within five (5) days or by:

Due Date: \_\_\_\_\_

☐ No rewrite received. Date: \_\_\_\_\_

EXPLANATION: **Multiple complaints regarding the same issue will not be accepted. Rewrite on one complaint form.**

INITIAL COMPLAINT OBTS INFORMATION						DATE OF RESPONSE	COORDINATOR'S SIGNATURE
TYPE	CATEGORY	AREA	SPEC	REMEDY	RESOLUTION		
				<b>08</b>	<b>05</b>	<b>12/10/08</b>	<b>[Signature]</b>

LOG I.D. NUMBER

0828815

STATE OF WASHINGTON  
DEPARTMENT OF CORRECTIONS

## OFFENDER COMPLAINT

CHECK ONE: ☒ INITIAL GRIEVANCE, ☐ EMERGENCY GRIEVANCE, ☐ APPEAL TO NEXT LEVEL

**RESIDENTIAL FACILITIES:** Send all completed copies of this form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible but include the necessary facts. A formal grievance begins on the date the typed grievance forms are signed by the coordinator. Contact a staff member to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NAME: LAST <b>Estes</b>	FIRST <b>Kevin</b>	MIDDLE <b>Lee</b>	DOC NUMBER <b>915117</b>
PROGRAM ASSIGNMENT <b>CI meet Plant</b>	WORK HOURS <b>7:00 to 3:00</b>	FACILITY/OFFICE <b>MICC</b>	UNIT/CELL <b>E-312</b>

**COMMUNITY SUPERVISION:** Send all completed copies of this form directly to: Grievance Program Specialist, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia, WA 98504-1129.

MAILING ADDRESS:	STREET OR P.O. BOX	CITY, STATE	ZIP CODE	TELEPHONE NUMBER
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I WANT TO GRIEVE: This is a rewrite of grievance 0828815 which is due to the Coordinator's Labeling two separate issues as one, 1<sup>st</sup> being the mailrooms rejection of outgoing legal mail already rewritten, 2<sup>nd</sup> being the 90 at ext 6524 denying and further hampering my access to my attorney, court, and parties. The mailrooms phone ext are 1244, 1245, and 1246, 6524 being someone who has the authority to guide the Unit 40 who called that ext. for advice, knowing that refusing outgoing mail (legal) falls under no policy that restricts outgoing amounts. That being 086450100, hence obstruction, civil rights violations, and ultimately a dismissal with prejudice once introduced that the person at that 6524 extension due to time bar.

Person at extension 6524 wrote a letter to the courts with a explanation stating what authority they had to stop my appeal process. Acknowledging their error and continuing obstructions as evident by the need of this grievance.

MANDATORY

SIGNATURE

DATE

## GRIEVANCE COORDINATOR'S RESPONSE

LOCATION CODE

I-03

DATE RECEIVED

12-12-08

Your complaint is being returned because:

- ☐ It is not a grievable issue.  
☐ You requested to withdraw the complaint.  
☐ You failed to respond to callout sheet on \_\_\_\_\_  
☐ The formal grievance/appeal paperwork is being prepared.

- ☐ The complaint was resolved informally.  
☒ Additional information and/or rewriting is needed.  
 (See below.) Return within five (5) days or by:  
 Due Date: 12/26/08  
☐ No rewrite received. Date: \_\_\_\_\_

EXPLANATION: Multiple page complaints are not routinely accepted. Rewrite on one form as previously instructed.

INITIAL COMPLAINT OBTS INFORMATION						DATE OF RESPONSE	COORDINATOR'S SIGNATURE
TYPE	CATEGORY	AREA	SPEC	REMEDY	RESOLUTION		
				08	05	12/17/08	<i>[Signature]</i>

LOG I.D. NUMBER

0828815

STATE OF WASHINGTON  
DEPARTMENT OF CORRECTIONS

## OFFENDER COMPLAINT

CHECK ONE: ☒ INITIAL GRIEVANCE, ☐ EMERGENCY GRIEVANCE, ☐ APPEAL TO NEXT LEVEL

**RESIDENTIAL FACILITIES:** Send all completed copies of this form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible but include the necessary facts. A formal grievance begins on the date the typed grievance forms are signed by the coordinator. Contact a staff member to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NAME: LAST <b>Estes</b>	FIRST <b>Kevin</b>	MIDDLE <b>Lee</b>	DOC NUMBER <b>915117</b>
PROGRAM ASSIGNMENT <b>CI, meet factory</b>	WORK HOURS <b>7:00-3:00</b>	FACILITY/OFFICE <b>MI CC</b>	UNIT/CELL <b>E-312-2</b>

**COMMUNITY SUPERVISION:** Send all completed copies of this form directly to: Grievance Program Specialist, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia, WA 98504-1129.

MAILING ADDRESS:	STREET OR P.O. BOX	CITY, STATE	ZIP CODE	TELEPHONE NUMBER
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I WANT TO GRIEVE: This is a rewrite of initial grievance 0828815 which is due to the coordinators labeling two separate issues and grievances under one, contradictory to the grievance procedure. Issue one: MI CC's mail room has refused to process my outgoing legal mail stating insufficient funds, and exceeding the amount allotted per week of \$4.20. That is the cause for my loss of appeal due to the constitutional violation, and misrepresentation and action by the mail room of policy DOC#450.100 obstructing access to the courts. Not to exclude the fact that prejudice is evident by a 9.902 package to the U.S. Dist Court at \$4.42, or 4.20 per 1002 doesn't add up to \$4.80, or that the required copies included being D.O.C. for obstruction by just these means. The primary party grievances being forwarded to the courts as further evidence. This being the second group of obstructions.

SUGGESTED REMEDY: for the parties is being blocked. The primary party grievances being forwarded to the courts as further evidence. This being the second group of obstructions.

Wrote a letter for the U.S. Dist Court acknowledging their continued violations and prejudice. MANDATORY **Shi** **12/11/08**  
 Thus time being me eligibly SIGNATURE DATE

## GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☐ It is not a grievable issue.  
☐ You requested to withdraw the complaint.  
☐ You failed to respond to callout sheet on \_\_\_\_\_  
☐ The formal grievance/appeal paperwork is being prepared.

LOCATION CODE

I-03

DATE RECEIVED

12-12-08

- ☐ The complaint was resolved informally.  
☐ Additional information and/or rewriting is needed.  
 (See below.) Return within five (5) days or by:

Due Date: \_\_\_\_\_

☐ No rewrite received. Date: \_\_\_\_\_

EXPLANATION: \_\_\_\_\_

INITIAL COMPLAINT OBTS INFORMATION						DATE OF RESPONSE	COORDINATOR'S SIGNATURE
TYPE	CATEGORY	AREA	SPEC	REMEDY	RESOLUTION		



LOG I.D. NUMBER

0828815

STATE OF WASHINGTON  
DEPARTMENT OF CORRECTIONS

## OFFENDER COMPLAINT

CHECK ONE: ☒ INITIAL GRIEVANCE, ☐ EMERGENCY GRIEVANCE, ☐ APPEAL TO NEXT LEVEL

**RESIDENTIAL FACILITIES:** Send all completed copies of this form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible but include the necessary facts. A formal grievance begins on the date the typed grievance forms are signed by the coordinator. Contact a staff member to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NAME: LAST <b>Estes</b>	FIRST <b>Kevin</b>	MIDDLE <b>Lee</b>	DOC NUMBER <b>915117</b>
PROGRAM ASSIGNMENT <b>C.I. meat plant</b>	WORK HOURS <b>7:30-3:30</b>	FACILITY/OFFICE <b>MILL</b>	UNIT/CELL <b>E-312-2</b>

**COMMUNITY SUPERVISION:** Send all completed copies of this form directly to: Grievance Program Specialist, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.

MAILING ADDRESS: STREET OR P.O. BOX	CITY, STATE	ZIP CODE	TELEPHONE NUMBER
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I WANT TO GRIEVE: This is the 3rd rewrite pursuant to the Coordinators deliberate obstruction of Wa. St. Supreme #82540-8 pursuant to the mail-room person at extension #6524 denying outgoing legal mail to said courts costing me my appeal. As addressed in the original and two other rewrites of this Log I. O. No#.

SUGGESTED REMEDY: Person at Extension #6524 write a letter to the court under this cause stating what authority they have to deny access to the court and due process in conjunction with Appeal proceedings. As addressed in the last three grievances under this issue of the mailroom started on 12/3/08

MANDATORY

SIGNATURE

DATE

## GRIEVANCE COORDINATOR'S RESPONSE

LOCATION CODE

103

DATE RECEIVED

1/2/09

Your complaint is being returned because:

- ☒ It is not a grievable issue.  
☐ You requested to withdraw the complaint.  
☐ You failed to respond to callout sheet on \_\_\_\_\_  
☐ The formal grievance/appeal paperwork is being prepared.

- ☐ The complaint was resolved informally.  
☐ Additional information and/or rewriting is needed.  
 (See below.) Return within five (5) days or by:  
 Due Date: \_\_\_\_\_  
☐ No rewrite received. Date: \_\_\_\_\_

EXPLANATION: You may not file multiple complaint regarding one issue. You may not file complaints based on third party information. You did not speak to anyone at that extension - 3rd party information.

INITIAL COMPLAINT OBJECT INFORMATION						DATE OF RESPONSE	COORDINATOR'S SIGNATURE
TYPE	CATEGORY	AREA	SPEC	REMEDY	RESOLUTION		
				08	08	1/7/09	<i>[Signature]</i>